## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

FAX: 886-2-2369 7233

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## SILICON-ON-INSULATOR DEVICE STRUCTURE

the	specification of whic	h				
_X	is attached hereto.					
	was filed on					
	as Application Ser	ial No	and was amended on		·	
ap <sub>l</sub> ap <sub>l</sub> for	ecification, including t I acknowledge the olication in accordanc I hereby claim fore olication(s) for paten	he claims, as amended duty to disclose informate with Title 37, Code of ign priority benefits und tor inventor's certificatent or inventor's certificated:	by any amendment referred to mation which is material to feederal Regulations, § 1. Her Title 35, United States Cote listed below and have licate having a filing date be	d to above. the patenta 56(a). ode, § 119 also identifi	ability of this of any foreigr ed below any	
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No	
	91133224	Taiwan, R.O.C.	2002/11/13		Х	
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	SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO: (Name and telephone number)		
			ice Belind	la Lee		

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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